

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TENNESSEE  
AT KNOX COUNTY

JOEY D. RAULE, PRO SE )

\_\_\_\_\_ )

3:20-cv-525

Greer/Poplin

\_\_\_\_\_ )  
(Enter above the NAME of the  
plaintiff in this action.) )

v. )

(TONEY PARKER & )

ET AL, DEFENDANTS) )

\* SEE ATTACHED PAPERS \* )  
(Enter above the NAME of each (SECTION A)  
defendant in this action.) )

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS  
(42 U.S.C. Section 1983)

I. PREVIOUS LAWSUITS

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES ( ) NO (✓)

B. If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to the previous lawsuit:

Plaintiffs: \_\_\_\_\_

Defendants: \_\_\_\_\_

2. COURT: (If federal court, name the district; if state court, name the county):  
\_\_\_\_\_
3. DOCKET NUMBER: \_\_\_\_\_
4. Name of Judge to whom case was assigned: \_\_\_\_\_
5. Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?) \_\_\_\_\_
6. Approximate date of filing lawsuit: \_\_\_\_\_
7. Approximate date of disposition: \_\_\_\_\_

II. PLACE OF PRESENT CONFINEMENT: MORGAN COUNTY CORRECTIONAL COMPLEX

- A. Is there a prisoner grievance procedure in this institution? YES ( ☒ ) NO ( )
- B. Did you present the facts relating to your complaint in the prisoner grievance procedure? YES ( ) NO ( ☒ )
- C. If your answer is YES,
1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_
2. What was the result? \_\_\_\_\_  
\_\_\_\_\_
- D. If your answer to B is NO, explain why not. FILED RELATING FACTS RELATING TO COMPLAINT AT TROUSDALE-TURNER CORRECTIONAL FACILITY THEN MOVED BEFORE GIVEN BACK.
- E. If there is no prison grievance procedure in the institution, did you complain to the prison authorities? YES ( ) NO ( )
- F. If your answer is YES,
1. What steps did you take? \_\_\_\_\_  
\_\_\_\_\_

2. What was the result? \_\_\_\_\_

### III. PARTIES

(In item A below, please your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)

A. Name of plaintiff: JOEY D. RHULE #00595477  
Present address: 541 WAYNE COTTON MORGAN DRIVE WARTBURG TN 37887  
Permanent home address: 1307 JONES CHAPEL RD BYRDSTOWN T.N. 38549  
Address of nearest relative: 6300 GREENBRIER RD BYRDSTOWN T.N. 38549

(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the additional names, positions, and places of employment of any additional defendants.)

B. Defendant: (SEE ATTACHED PAPERS  
Official position: AT SECTION A  
Place of employment: DEFENDANTS)  
C. Additional defendants: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### IV. STATEMENT OF CLAIM

(State here as briefly as possible the FACTS of your case. Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

WHEN I ARRIVED WITHIN THE DEPARTMENT OF CORRECTIONS  
(T.D.O.C) I HAD A RIGHT EYE RETINA DETACHMENT. TWO DAYS

UPON MY ARRIVE I WAS TAKEN TO TENNESSEE RETINA IN NASHVILLE AND HAD RETINA REATTACHMENT SURGERY ON OR ABOUT DECEMBER 4, 2019. THE NEXT DAY I WAS TAKEN TO TENNESSEE RETINA IN COOKEVILLE FOR FOLLOW UP AND THE DOCTOR SET UP ANOTHER APPOINTMENT TO HAVE OIL REMOVED FROM EYEBALL THAT WAS TO BE DONE AT TENNESSEE RETINA IN NASHVILLE, FOR SOMETIME IN JANUARY.

AT THAT TIME I WAS AT B.C.C.X AND AFTER SEEING THE DOCTOR AT COOKEVILLE I WAS TAKEN TO SPECIAL NEEDS IN JANUARY HOWEVER THEY FAILED TO TAKE ME TO HAVE THE SURGERY DONE.

IN THE "SECOND" WEEK OF JANUARY I WAS TAKEN TO TROUSDALE-TURNER CORRECTIONAL FACILITY AND THEY REFUSED TO TAKE ME TO ANY FOLLOW UP, TO HAVE THE OIL REMOVED.

AROUND ABOUT APRIL OF 2020 I FILED A INMATE GRIEVANCE AT ~~THE~~ TROUSDALE-TURNER FACILITY WHICH NEVER GOT RETURNED.

ON JULY 13, 2020 I WAS BROUGHT HERE AT MORGAN COUNTY CORRECTIONAL COMPLEX DUE TO COURT AND HAVE BEEN HERE EVER SINCE WITHOUT ANY PROGRESS TO HAVE OIL REMOVED. THE MEDICAL DEPARTMENT WITHIN T.D.O.C DOESN'T HAVE A EYE PHYSICIAN AT THIS TIME DUE TO COVID 19.

\* THIS WAS NOT AN ELECTIVE SURGERY BUT A NECESSARY SURGERY THAT HAS LEFT ME BLIND IN MY RIGHT EYE.

V. RELIEF

(State BRIEFLY exactly what you want this Court to do for you. Make NO legal arguments.

Cite NO cases or statutes.)

COMPENSATION OF BLINDNESS IN MY RIGHT EYE.. THE STATE  
AND THE NAMED DEFENDANTS TO PAY COURT COST/FEE AND  
ANY FUTURE MEDICAL OR LEGAL BILLS PERTAINING TO MY  
RIGHT EYE. AND IMMEDIATE RELEASE IN ORDER TO HAVE ANY  
SURGICAL PERCEDURES THAT MAY REVERSE THE BLINDNESS SO  
I CAN MAKE ALL APPOINTMENTS ON MY OWN TIME

I (We) hereby certify under penalty of perjury that the above complaint is true to the best of my (our) information, knowledge and belief.

Signed this 8 day of December, 2020.

Joey R. Rando  
Signature of plaintiff(s)

SECTION A: DEFENDANTS:

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- 1) TONY PARKER, COMMISSIONER OF REHABILITATIVE SERVICES AT THE TENNESSEE DEPARTMENT OF CORRECTIONS, (T.D.O.C.)
- 2) DR. MARINA CADRECHE, ASSISTANT COMMISSIONER OF REHABILITATIVE SERVICES AT THE TENNESSEE DEPARTMENT OF CORRECTIONS, (T.D.O.C.)
- 3) DR. KENNETH WILLIAMS, MEDICAL DIRECTOR AT THE TENNESSEE DEPARTMENT OF CORRECTIONS, (T.D.O.C.)
- 4) CHRISTIE GREGORY, MEDICAL DIRECTOR AT THE TENNESSEE DEPARTMENT OF CORRECTIONS, (T.D.O.C.)
- 5) \*JOHN DOE\*, PHYSICIAN'S ASSISTANCE, AT THE TENNESSEE DEPARTMENT OF CORRECTIONS AT BLEDSOE COUNTY CORRECTIONAL COMPLEX. (B.C.C.X)
- 6) \*JOHN DOE\*, EYE DOCTOR, AT THE TENNESSEE DEPARTMENT OF CORRECTIONS (T.D.O.C.) AT BLEDSOE COUNTY CORRECTIONAL COMPLEX. (B.C.C.X)
- 7) \*JOHN DOE\*, WARDEN, AT THE TENNESSEE DEPARTMENT OF CORRECTION (T.D.O.C.) AT BLEDSOE COUNTY CORRECTIONAL COMPLEX (T.D.O.C.)
- 8) \*JOHN DOE\*, ASSISTANT WARDEN OF TREATMENT AT TENNESSEE DEPARTMENT OF CORRECTION (T.D.O.C.) AT BLEDSOE COUNTY CORRECTIONAL COMPLEX (B.C.C.X)
- 9) \*JOHN DOE\*, WARDEN, AT THE TENNESSEE DEPARTMENT OF CORRECTIONS (T.D.O.C.) AT SPECIAL NEEDS FACILITY IN NASHVILLE, TENNESSEE
- 10) \*JOHN DOE\*, ASSISTANT WARDEN OF TREATMENT AT THE TENNESSEE DEPARTMENT OF TENNESSEE AT SPECIAL NEEDS FACILITY IN NASHVILLE TENNESSEE
- 11) \*JOHN DOE\*, MEDICAL DIRECTOR AT THE TENNESSEE DEPARTMENT OF CORRECTIONS (T.D.O.C.) AT SPECIAL NEEDS FACILITY IN NASHVILLE TENNESSEE.
- 12) \*JOHN DOE\*, WARDEN, AT TENNESSEE DEPARTMENT OF CORRECTIONS (T.D.O.C.) AT TROUSDALE-TURNER CORRECTIONAL FACILITY AT THE CORRECTION CORPORATION OF AMERICA (CCA)
- 13) \*JOHN DOE\*, ASSISTANT WARDEN OF TREATMENT AT TENNESSEE DEPARTMENT OF CORRECTION AT TROUSDALE-TURNER CORRECTIONAL FACILITY AT THE CORRECTION CORPORATION OF AMERICA (CCA)

SECTION A: DEPENDANTS - (CONTINUED)

- 14) \*JOHN DOE\*, MEDICAL DIRECTOR AT TENNESSEE DEPARTMENT OF CORRECTIONS (T.D.O.C.) AT TROUSDALE-TURNER CORRECTIONAL FACILITY AT CORRECTION CORPORATION OF AMERICA (CCA)
- 15) MIKE PARRIS, WARDEN, AT TENNESSEE DEPARTMENT OF CORRECTIONS (T.D.O.C.) AT MORGAN COUNTY CORRECTIONAL COMPLEX (M.C.C.X)
- 16) STACY OAKES, ASSISTANT WARDEN OF TREATMENT AT TENNESSEE DEPARTMENT OF CORRECTIONS (T.D.O.C.) AT MORGAN COUNTY CORRECTIONAL COMPLEX (M.C.C.X)
- 17) KENNETH HUTCHINSON, ASSISTANT WARDEN OF TREATMENT AT TENNESSEE DEPARTMENT OF CORRECTION AT MORGAN COUNTY CORRECTIONAL COMPLEX (M.C.C.X)
- 18) \*JOHN DOE\*, MEDICAL DIRECTOR, AT TENNESSEE DEPARTMENT OF CORRECTIONS AT MORGAN COUNTY CORRECTIONAL COMPLEX (M.C.C.X)
- 19) \*JOHN DOE\*, MEDICAL PHYSICIAN AT TENNESSEE DEPARTMENT OF TENNESSEE AT MORGAN COUNTY CORRECTIONAL COMPLEX (M.C.C.X)

(\* JOHN DOE - REPRESENTS UNKNOWN SPECIFIC NAME AT THIS TIME)



Joey D Rhule  
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P.O. Box 2000  
Wartburg, TN 37887



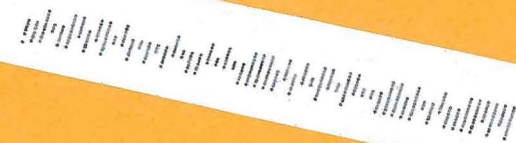
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